



Request for Proposal #6827

for

Wellness Plan Administration

Requested by:

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I. CUSTOMER INFORMATION

Milwaukee County oversees operations from our Airport, Child Support Enforcement, Combined Court Operations, Human Services, Parks, Public Safety, Public Works, Fleet Operations, Transportation, and at the Zoo. Our departments are also dedicated to our Seniors in the Department on Aging, those with Disabilities, and Veterans Affairs. Our employees also remain committed to serve the cultural, human, recreational and social needs of the entire community.

Milwaukee County Government will provide high-quality, responsive services that enhance self-sufficiency, personal safety, economic opportunity and quality of life for all its people. Milwaukee County Government will be one of many leaders that contribute to making this vision a reality.

Website: <http://county.milwaukee.gov>

Client Address

Courthouse Rm 210
901 North 9th Street
Milwaukee, WI 53233

Milwaukee County Wellness Plan Overview

Approximate number of eligible employees and covered spouses as of March 2013:

	Primary Members	Enrolled Spouses/Domestic Partners	Total eligibles
Active	3462	1590	5052

Dependent children will not be within the scope of the County Wellness plans. Milwaukee County retirees will not be eligible to participate.

Background Information

Willis has been assigned the task of performing a detailed market search for a vendor for a comprehensive outcome based wellness program with Health Risk Appraisals, Biometric Screening Services, and behavioral change interventions, such as wellness coaching. Your company is invited to submit a proposal for Milwaukee County. The proposal will be effective for 2014.

Milwaukee County is headquartered in downtown Milwaukee, WI. The county has multiple sites with 5052 eligible participants spread out throughout the county.

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OBJECTIVES

The primary objective of this process is to assist Milwaukee County in evaluating the vendors for a comprehensive wellness program. We are looking to the chosen vendor to make recommendations, design, implement and promote a comprehensive wellness program that will be successful in changing employees behavior, resulting in healthier employees.

Scope of Services Requested

1. Onsite biometric screenings with health risk assessments
2. Health Coaching / Targeted Interventions based on health status: up to 4 sessions
3. Incentive design, tracking, and/or administration
4. Smoking cessation
5. Educational resources & communication materials (outreach and web-portal access)
6. Ongoing promotion and engagement
7. Reporting and data analysis

Milwaukee County, at its sole discretion, may accept bids that do not encompass the entire scope of requested services; multiple vendors may be chosen. Bidding vendors may also outsource components of the scope with full disclosure to provide a comprehensive solution. Any subcontractors are bound to the same terms and provisions of this RFP as the primary.

II. RFP PROTOCOL AND TIMELINE

Purpose of RFP

Milwaukee County has made the decision to review and evaluate wellness plan administrative services. This request for proposal is being solicited by WILLIS; on behalf of Milwaukee County. All information contained in this RFP should be considered proprietary and under no circumstances should be released to any other source without the prior consent of WILLIS.

All responses should be submitted electronically. You may answer the questions in the document provided, please keep responses brief and to the point. ***In addition, please submit 2 hard copies of the proposal to the contact identified below.*** The deadline for response is ***April 26th, 2013.*** Due to the limited timeframe for proposal analysis and program implementation, no deadline extensions will be granted.

RFP Timeline:

- RFP posted on County procurement site and distributed by Willis:
- Carriers provide all questions in writing to Willis:
- Willis provides answers to all questions in writing to carriers:

RFP Due: All responses must be received no later than **April 26, 2013**. Send two (2) completed hard copies including spreadsheets and attachments and one electronic copy on diskette or CD to:

Willis
2323 North Mayfair Road
Suite 600
Milwaukee, WI 53226
Attention: Sara Malchow

Decision: A final decision is anticipated to be made by **May 24, 2013**.

Contract Effective: **January 1, 2014**, however, **Milwaukee County** reserves the right to modify the effective date based on a thorough understanding of the contracted carrier's implementation timeline and resources.

Length of Contract: **3 years**

RFP Inquiries

All inquiries can be directed to Sara Malchow

Sara Malchow
Phone: (414) 259-8723
E-Mail: Sara.Malchow@willis.com

RFP Responses

Use the table of contents format to respond to the RFP. Please provide your response document in Microsoft Word. Include each RFP question followed by your response. Make sure your responses are clear, concise and answer the questions directly. For the requested flowcharts, PowerPoint slides or MS Word documents are acceptable.

Evaluation Process

All responses will be reviewed and evaluated by Willis for completeness, service capabilities and financial offer. The results of the proposal evaluation will be presented by Willis to Milwaukee County. Shortly after, a decision will be made to select no more than three (3) bidders to participate in finalist presentations. It is estimated that within two (2) weeks following the finalist presentations, all bidders will be notified and one will be awarded the contract, pending approval by the Milwaukee County Board of Supervisors.

Evaluation Criteria - The following criteria will be used to evaluate each Proposal received:

- Quality of the vendor, as demonstrated by responses to the questionnaire and the assessment of submitted materials.
- Reputation of providing quality service to companies with similar demographics, 5000+ lives, multi-location, municipal.
- Proven participant satisfaction.
- Creative, yet realistic program design
- Total price/cost effectiveness of the proposal
- Ability to meet overall proposal requirements
- Bidder's experience and demonstrated results
- Ability to coordinate with other County vendors
- Communication strategy / Employee Education and Engagement
- Accurate and timely reporting

Notice of intent to award bid - All Proposers who respond to this RFP will be notified in writing of the County's intent to award a contract(s) as a result of this RFP. **A Notification of Intent to Award a contract does not constitute an actual award of a contract, nor does it confer any contractual rights or rights to enter into a contract with the County.**

After Notification of the Intent to Award is made, copies of all Proposals will be made available for public inspection. Any public inspection will be conducted under the supervision of County staff. Copies of proposals will be made available for public inspection at:

Department of Human Resources - Division of Employee Benefits
901 North 9th Street, Room 210
Milwaukee, WI 53233

Reviews can be scheduled with Matthew Hanchek, Benefits Administrator, at 414-278-4326

PROTEST AND APPEALS PROCESS

Notices of Intent to Protest, and Protests, must be made in writing. The protest must be as specific as possible and should identify deviations from published criteria or Milwaukee County Code of

General Ordinances, Milwaukee County Board Resolutions, rules or other procedures that are alleged to have been violated.

The written Notice of Intent to Protest the Intent to Award a Contract must be filed with:

Director, Department of Human Resources
901 North 9th Street, Room 308
Milwaukee, WI 53233

The notice of intent to protest the award must be received no later than five (5) working days after the “Notice of Intent to Award” is issued. The written Protest must be received no later than ten (10) working days after the Notice of Intent to Award is issued.

Disadvantaged Business Enterprises - The award of this contract is conditioned upon the good faith efforts put forth by the proposer in achieving this project’s Disadvantaged Business Enterprise (DBE) goal of **17%**. The proposer shall operate in good faith to ensure that DBEs have opportunities to participate on this contract. Proposers must state in their response how they will meet the goal, including identifying the DBE firm(s) by name, the scope(s) of work/service(s) to be provided, the dollar amount(s) of such work, and the percentage of the DBE goal to be met, or document good faith efforts made to meet the goal assigned to this contract. Failure to carry out the requirements of this provision will result in a determination of non-responsiveness, and rejection of the submission may occur. The successful proposer shall maintain records and document its performance using the DBE forms provided. See Attachment A for full details.

Liability Insurance – The selected vendor shall maintain policies of insurance and proof of financial responsibility to cover costs as may arise from claims of tort, statutes, and benefits under Workers' Compensation laws, as respects damage to persons or property and third parties in such coverages and amounts as required and approved by the County Director of Risk Management and Insurance. Acceptable proof of such coverages shall be furnished to the County Director of Risk Management and Insurance prior to commencement of services. See Attachment B for additional details.

General Conditions

1. The information presented in the RFP is not to be construed as a commitment of any kind on the part of Milwaukee County. There is no obligation or responsibility for Milwaukee County to reimburse any company for any expenses incurred in preparing a proposal in response to this RFP.
2. Milwaukee County has the right to cancel this RFP, to waive informalities and minor irregularities in proposals received and/or to accept any proposal and to reject any or all proposals. Milwaukee County, in its sole discretion, will determine whether an irregularity is minor.
3. Proposals, prices, terms and conditions shall remain firm for a period of one hundred eighty (180) days from the required submission date.
4. The award and subsequent execution of a contract is subject to approval by the Milwaukee County Board of Supervisors.
5. In the event agreement for a contract with the successful bidder cannot be reached or approved by the Milwaukee County Board, or the contract is terminated for any reason, the County reserves the right to negotiate and accept any other submitted proposal.

6. Assume a Wisconsin contract situs for any contract awarded as a result of this RFP.
7. The successful bidder must agree to hold the Milwaukee County harmless in the contract for any acts or damages to any 3rd party on account of the bidder's actions.

<p style="text-align: center;">III. RFP REQUIREMENTS</p>

1. Quoted per member rates/fees must be final **regardless** of actual plan participation.
2. The bidder must, in advance of the selection date, have the manpower and equipment necessary to render the program fully operational.
3. Renewal rate action will require a minimum of 180-day advance notice.
4. The bidder must be financially stable and solvent satisfactory of Milwaukee County. The company must supply two years of audited financial statements to Milwaukee County upon request.
5. The bidder must be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws.
6. In the event of termination, all data and records necessary to administer the plan will be transferred back to Milwaukee County electronically within 30 days of the notice of termination. Provide confirmation.
7. Identify any additional costs such as training, travel costs, etc.
8. Vendor will commit to work with Milwaukee County to have a fully executed contract in place within ninety (90) days of the contract award notification.
9. Vendor and Milwaukee County will agree to a 3 year contract term with a 90 day “without cause” termination clause. Milwaukee County will have the option to extend this contract after the 3 year term is exhausted.
10. Carrier will assign an implementation leader to manage the implementation process and to coordinate member communications with Milwaukee County personnel.
11. Carrier will provide to Milwaukee County the appropriate member communication materials to insure a successful communications campaign.
12. Vendor will provide training to the appropriate personnel at Milwaukee County on the processes, procedures and capabilities of the contracted carrier.
13. Vendor will provide annually an executive review of the utilization and performance of Milwaukee County Wellness Program

All bidders must accept the RFP requirements as a condition to be considered in the RFP process. Milwaukee County, and its consultant, Willis of Wisconsin have the right to modify the RFP requirements at their discretion so long as the modification/s are reasonably necessary. By responding to the RFP you agree to the RFP requirements (section III).

IV. RFP QUESTIONNAIRE

Company History & Organization:

1. Briefly describe your ownership & company history. Include detail about any merger/acquisition activity within the past 18 months.
2. How many clients do you serve that are *similar to Milwaukee County - i.e., >5,000 lives with multiple worksite locations?*

Staff & Credentials:

1. Please list and briefly describe your staff to include the number of professionals, disciplines represented (wellness coaches, nurses, dieticians, exercise physiologists, health educators, IT, quality control, account managers, etc.).
2. Who would be the team lead in working with Milwaukee County? Please share a bio for this staff member and include the number of years they have been working for your company. Please include any additional information about key team members that would be working with this client.
3. Please elaborate on the credentials, training and certifications of your staff that perform biometric screening and health coaching. What philosophies and methodologies are used?

Service Offerings:

Please check all that apply:

- ☐ Onsite Biometric Screenings
- ☐ Targeted Intervention / Health Coaching, face to face
- ☐ Targeted Intervention / Health Coaching, telephonic
- ☐ Worksite challenges
- ☐ Incentive design, tracking, or administration
- ☐ Health risk assessment survey
- ☐ Educational, marketing or communication materials: newsletters, brochures, etc.
- ☐ Reporting and data analysis
- ☐ Web platform for employees
- ☐ Other, please list _____

Biometric Screenings:

1. Briefly describe your abilities to conduct biometric screenings in conjunction with administration of a health risk appraisal. Include description of methods available (finger stick, venipuncture, etc.) and a listing of tests you can conduct.
2. Can any employee or covered spouse / domestic partner participate in these events? Please describe any limitations you may have in accommodating various types of participants.
3. How and when do health screening participants receive their results?
4. What is your protocol for follow-up with critical lab values derived from a health screening? How will extremely high screening values be handled?
5. What is the turnaround time on individual and aggregate reports following screenings?
6. What steps is your organization taking to remain in compliance with existing regulatory requirements concerning privacy and security?
7. What is the number of employees per hour that you screen?
8. Describe your screening registration process.
9. What certifications and licensures does your organization currently hold to permit the activities associated with wellness services? In what states are you licensed or certified?

Health Risk Appraisal:

1. Please describe your Health Risk Assessment: Length of time for completion; categories scored.
2. When and how do participants receive their results?
3. Please explain your risk stratification protocol and how this information is used to flag participants for various follow up interventions.

Targeted Intervention and Behavior Change Programs

1. Describe and define the range of service offerings you provide for follow up intervention with at risk members. Include the following:
 - a. In-person counseling
 - b. Telephonic coaching
 - c. Online coaching
 - d. Online Self-Directed interventions
 - e. Program/campaign based behavior change programs
 - f. Other
2. Do you utilize an “opt-in” or an “opt-out” approach to member engagement?
3. How do you deal with members you are unable to reach after repeated attempts?
4. Do you offer any interventions or activities for low risk participants? Please define.
5. Please share any additional information about targeted campaigns (i.e., team weight loss or walking groups) or team competition programs that are available.
6. How does your organization work with a participant’s physician?
7. Please share information about your program’s ability to integrate or coordinate with other disease management efforts.

Education, Communication or Marketing Materials

1. What communication support do you provide with your wellness services? Please delineate what tools are included as a “standard package” and what services may incur additional fees.
2. Describe the range of available marketing and promotional collateral available. Supply some sample materials (newsletters, flyers, posters, postcards, etc).
3. What web-based, online services are available to wellness participants? How is the site content developed? How often is it updated?
4. Is the online content subcontracted? If so, what vendor supplies it?
5. Can your web site be customized at the employer and employee level? Is there an additional charge?
6. Describe your capabilities for helping non-English speaking members (phone, web-based, etc.).
7. Is the web site password protected and does it track utilization by client? What information are you able to report to the client regarding web utilization?
8. Are downloadable educational resources available through your web site?

9. Describe the features available to include:
 - a. Health topics
 - b. Drug information
 - c. Medical encyclopedia
 - d. Health news
 - e. Personal web page/diary/log
 - f. Newsletters
 - g. Medical self-care
 - h. Search functionality
10. Please provide a guest access password and log in instructions so that we may review the web portal.

Incentive Design, Tracking or Administration

1. Please describe your ability to assist with incentive design. See **attachment C** for potential incentive criteria.
2. Describe your ability to assist with tracking and administration related to incentives.
 - a. Do you have mechanisms for employees to track their own participation in your services? Ability to track other wellness activities
 - b. Do you have the ability to reimburse program cost (or a portion of it)?
 - c. Can you report back on participation and achievement? Please describe any limitations to this due to compliance with HIPAA.
 - d. If you private label, or outsource the incentive tracking function please identify the vendor/program used.
3. What have you found to be the most effective incentive approach with your client base?
4. Based on the information provided about this client, what would be your recommended approach? Please design a two – three year outcome-based wellness solution for Milwaukee County complete with timeline and implementation plan.

Quality Assurance:

1. Briefly describe your quality assurance process & procedures.
2. Please describe your methods & frequency for updating the clinical information within the algorithms behind your risk appraisal tool (i.e. JNC 7, ATP III, etc.)

Reporting:

1. Briefly describe the reports available to the individual participants and aggregate employer reports for HRA, screening, coaching, challenges and incentive tracking. Please include a timeline of when these reports will be made available.
2. Provide a sample of your standard individual and aggregate reports. These should be included as attachments to your response.

3. Do you provide Return-on-Investment or economic analysis information in your reporting? (Yes/No)
4. Do you have the ability to interface or share data with other vendors the client may work with such as disease management, case management, etc.? Briefly describe how this would work. Define any costs associated with this service.
5. How do you measure outcomes and return on investment and how is this reported to the client? Define methodologies utilized and options available.
6. Please share your aggregate return on investment data available for your entire client book of business?
7. How do you track and report intervention activity and outcomes?
8. Do you provide an evaluation/satisfaction survey about the screening program and provide the results back to the client? Please share any aggregate data from previous evaluation surveys with other clients.

Account Management/Communications:

1. Would you assign a dedicated account manager to our group? Describe how the account executive will interact with the client.
2. Describe a typical implementation process to include necessary lead time. Attach a sample implementation plan representative of your processes and timelines.

Key Attributes & Differentiators:

Briefly describe and define any abilities or attributes that distinguish your wellness services from other tools & vendors in the marketplace.

References:

Provide references of 3 current and 2 former clients who are similar to Milwaukee County. Include company name, address and contact name, title, and phone number. Identify the number of lives served for each, and the length of the contract.